

Name and address:

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**UNITED STATES DISTRICT COURT
 CENTRAL DISTRICT OF CALIFORNIA**

LISETH AGUIRRE,

PLAINTIFF(S)

v.

CASE NUMBER:
 5:25-cv-01161

MONARCH HEALTHCARE, A MEDICAL GROUP, INC.

DEFENDANT(S)

**REQUEST FOR APPROVAL OF
 SUBSTITUTION OR WITHDRAWAL
 OF COUNSEL**

INSTRUCTIONS

Generally, an attorney may withdraw from representing a party in a case without the Court's permission **if** another member of the attorney's firm or agency will continue to represent that party **and** the withdrawing attorney is not the only member in good standing of the Bar of this Court representing that party. In that circumstance, the withdrawing attorney should complete and file a "Notice of Appearance or Withdrawal of Counsel" (Form G-123), instead of this "Request for Approval of Substitution or Withdrawal of Counsel" (Form G-01).

Notably, however, Court permission for withdrawal or substitution **is** required if no member of the withdrawing attorney's firm or agency will remain as counsel of record. In such circumstances, the attorney(s) seeking to withdraw should complete and file this "Request for Approval of Substitution or Withdrawal of Counsel" (Form G-01), and submit a proposed "Order on Request for Approval of Substitution or Withdrawal of Counsel" (Form G-01 Order).

If the circumstances surrounding an attorney's withdrawal or request to substitute other counsel are not covered by this Form G-01, the attorney may instead file a regularly noticed motion supported by a more detailed memorandum of points and authorities.

SECTION I - WITHDRAWING ATTORNEY

Please complete the following information for the attorney seeking to withdraw (provide the information as it currently appears on the docket; if the attorney appeared pro hac vice, enter "PHV" in the field for "CA Bar Number"):

Name: Chad Fuller CA Bar Number: 190830

Firm or agency: Troutman Pepper Locke LLP

Address: 11682 El Camino Real, Suite 400, San Diego, CA 92130

Telephone Number: 858.509.6000 Fax Number: 858.509.6040

E-mail: chad.fuller@troutman.com

Counsel of record for the following party or parties: Monarch Healthcare, A Medical Group, Inc.

Other members of the same firm or agency also seeking to withdraw: Virginia Bell Flynn (PHV)

Noah DiPasquale (PHV) Peter Yould (SBN 339155)

SECTION II - NEW REPRESENTATION

- ☐ No new counsel is necessary. The party or parties represented by the attorney(s) seeking to withdraw will continue to be represented by another attorney/firm who has already entered an appearance as counsel of record for that party or parties in this case, and who is a member in good standing of the Bar of this Court.
- ☐ The party or parties represented by the attorney(s) seeking to withdraw have not retained new counsel and wish to proceed *pro se*, as self-represented litigants.
- ☒ The party or parties represented by the attorney(s) seeking to withdraw have retained the following new counsel, who is a member in good standing of the Bar of this Court:

Name: Michael Turrill CA Bar Number: 185263

Firm or agency: Hogan Lovells US LLP

Address: 1999 Avenue of the Stars Suite 1400 Los Angeles, CA 90067

Telephone Number: 310.785.4600 Fax Number: 310.785.4601

E-mail: michael.turrill@hoganlovells.com

SECTION III - SIGNATURES

Withdrawing Attorney

I am currently counsel of record in this case, and am identified above in Section I as the "Withdrawing Attorney." I have given notice as required by Local Rule 83-2.3. I hereby request that I and any other attorney(s) listed in Section I be allowed to withdraw from this case.

Date: 12/11/2025 Signature: /s/ Chad Fuller

Name: Chad Fuller

New Attorney (if applicable)

I have been retained to appear as counsel of record in this case, and my name and contact information are given above in Section II. I am a member in good standing of the Bar of this Court.

Date: 12/11/2025 Signature: /s/ Michael Turrill

Name: Michael Turrill

Party Represented by Withdrawing Attorney

I am currently represented by, or am an authorized representative of a party currently represented by, the Withdrawing Attorney listed above. I consent to the withdrawal of my current counsel, and to (check if applicable):

- ☒ substitution of counsel as specified above.
- ☐ representing myself *pro se* in this case.

Date: 12/11/2025 Signature: 

Name: Samantha Barber

Title: Senior Associate Litigation Counsel